Background: Oxytocin is a neuropeptide implicated in maintaining trust and affiliative behaviors in humans. Currently, there is great interest in exploring the therapeutic potential of oxytocin as an adjunct to conventional antipsychotic treatment for improving clinical and social cognitive symptoms in patients with schizophrenia. It has been well established that patients with schizophrenia show deficits in probabilistic reasoning tasks such that they quickly jump to conclusions without sufficient evidence. Since performance on this task is related to activation of prefrontal areas also implicated in social cognition, we explored whether intranasal oxytocin could improve probabilistic reasoning performance in stable medicated patients with schizophrenia.

Methods: Forty-three male, medicated patients with schizophrenia (Mean Age ± SD: 40.81±11.44) and 16 matched healthy controls (Mean Age ± SD: 30.38±9.85) participated in a double-blind, placebo-controlled, crossover study. Participants were required to complete the “Jumping to Conclusions” probabilistic reasoning task on 2 separate study visits (minimum 20 days apart). For each study visit, participants were randomized to receive either intranasal oxytocin (50 IU in solution) or intranasal placebo (saline).

Results: Consistent with previous findings, patients with schizophrenia showed deficits in probabilistic reasoning, jumping to conclusions more often than healthy controls, t(57) = 2.78, P = .007. Oxytocin did not significantly change probabilistic reasoning performance in patients, t(42) = −1.11, P = .27, nor in healthy controls, t(15) = −6.2, P = .55. However, there was great variability in change in performance given oxytocin in patients. Exploratory analyses found that patients with lower baseline social functioning, as assessed by the Social Functioning Scale, showed more change on the probabilistic reasoning task given oxytocin, characterized by a reduced tendency to “jump to conclusions.”

Conclusion: Acute oxytocin does not appear to modify probabilistic reasoning in healthy controls and patients with schizophrenia. However, future studies should explore the potential confound of baseline social functioning.

SA119. DEFEATIST ATTITUDES AND SELF-STIGMA ASSOCIATIONS IN PATIENTS WITH SCHIZOPHRENIA

Tanya Mikhail*1, Jason Holden2, Peter Link3, and Eric Granholm1
1VA San Diego Healthcare System; 2Veterans Research Foundation; 3University of California, San Diego; Veterans Affairs San Diego Healthcare System

Background: Recent research has explored relationships among stigma, self-esteem, defeatist performance attitudes, and outcomes in schizophrenia. Internalized stigma has been associated with diminished self-esteem, hopelessness, and defeatist performance attitudes that have been associated with symptoms and poor functioning in schizophrenia. Internalized stigma can be viewed as self-defeating beliefs linked to illness, whereas defeatist attitudes as measured with the Defeatist Performance Attitude Scale (DPAS) are more generalized defeatist beliefs that may come from self-stigma related to illness as well as other factors such as failure experiences that are not attributed to illness.

Methods: This study examined the relationships between these constructs as measured by the DPAS (Cane, Olinger, Gotlib, & Kuiper, 2006), the short form of the Self-Stigma of Mental Illness Scale (SSMIS-SF) and the Self-Esteem Rating Scale (SERS), and the Beck Hopelessness Scale (BHS). Participants (N = 60) enrolled in a randomized clinical trial for older adults with schizophrenia (mean age = 56) completed these assessments along with a battery of symptom, functioning, and neuropsychological measures.

Results: Defeatist attitudes were moderately correlated with the Apply to Self (r = .453, P = .000), and Harm to Self-Esteem (r = .349, P = .006) subscales of the SSMIS-SF as well as both SERS subscales (positive: r = −.332, P = .002, negative: r = .461, P = .000), hopelessness (r = .391, P = .000), positive symptoms (Positive and Negative Syndrome (PANSS) positive subscale: r = .421, P < .001), and performance-based functioning (Maryland Assessment of Social Competence: r = −.274, P = .013). Both subscales of the SSMIS were correlated with SERS positive (r = −.454, P = .000, r = −.419, P = .001) and negative (r = −.553, P < .000, r = .552, P = .000) self-esteem, hopelessness (r = −.335, P = .000, r = .372, P = .000), and positive symptoms (r = .256, P = .048, P = .308, P = .017). Simultaneous regressions with both SSMIS subscales and DPAS as predictors were significant only for SERS positive (R² = .226, F(3, 55) = 5.342, P < .003) and SERS negative (R² = .385, F(3, 55) = 11.467, P < .000) self-esteem, hopelessness (R²=2.16, F(3, 55) = 5.036, P < .004), and PANSS positive symptoms(R² = .159, F(3, 56) = 3.540, P < .020). In these models, defeatist attitudes, but not the stigma subscales, were a significant independent predictor of SERS negative (but not positive) self-esteem, (βstd = .271, P = .027), hopelessness, (βstd = .284, P = .039), and positive symptoms, (βstd = .283, P = .044).

Conclusion: Thus, despite some overlap between these constructs, generalized defeatist beliefs were a stronger predictor of important outcomes in schizophrenia than self-stigma. These findings suggest, while both types of defeatist attitudes can be productive targets for interventions such as cognitive behavior therapy, reducing severity of more generalized defeatist attitudes may produce better outcomes.

SA120. STAKEHOLDER PERSPECTIVES ON IMPLEMENTING COGNITIVE-BEHAVIORAL SOCIAL SKILLS TRAINING ON ASSERTIVE COMMUNITY TREATMENT TEAMS

Eric Granholm*1, David Sommerfeld1, Jason Holden1, Kim Mueser1, and Gregory Aarons1
1University of California, San Diego; 2Veterans Research Foundation; 3Boston University

Background: Psychosocial evidence-based practices (EBPs) can improve outcomes in schizophrenia, but these EBPs are not available to most consumers with schizophrenia. The field must close the gap between research and service delivery by adapting EBPs and developing implementation strategies for community settings.

Methods: We conducted a hybrid effectiveness and implementation study of an existing EBP (Cognitive Behavioral Social Skills Training [CBSST]) modified to work in practice settings (Assertive Community Treatment [ACT] teams) commonly available to persons with schizophrenia. In the implementation study component, structured, mixed qualitative–quantitative methods (Concept Mapping [CM]) were used to characterize and assess the implementation experience from multiple stakeholder perspectives (service system, provider organizations, clinicians, and consumers involved). These stakeholders participated in focus groups to brainstorm a set of statements that identify factors likely to facilitate or challenge implementation of CBSST in ACT teams and then structured these statements by sorting and rating them based on importance and changeability. These ratings were then used to conduct multidimensional scaling wherein each statement is a point on a “concept map” with statements rated together by more people closer to each other and cluster analysis was then used to aggregate similar groups of statements into clusters. Investigators then worked with stakeholders to help them develop labels and interpretations for the clusters. The maps can be used to develop an implementation intervention for EBPs in ACT teams in other settings.

Results: The key factors that emerged for both importance and change-ability were Initial and Ongoing Training Feedback and Support (regular...
expert consultation and coaching, timely fidelity feedback, access to training resources, training that bolsters EBP confidence, Organization and Team Supports (protected time, systems to monitor and prompt delivery, team/agency leadership prioritization and supports, outcome monitoring), and fit between ACT and CBSST models (adaptations for team and community delivery, flexibility for complex clients and crisis management model).

**Conclusion:** This information can be used to adapt EBPs such as CBSST to fit into the ACT service delivery context found throughout the United States, which creates an opportunity to substantially increase access to psychosocial EBPs for schizophrenia.

### SA121. LINKS BETWEEN DIFFERENT AREAS OF FUNCTIONING, SOCIAL ANXIETY, AND THEORY OF MIND IN RECENT-ONSET SCHIZOPHRENIA

Amélie Achim*, Andréanne Huot, and Élizabeth Thibaudeau
*Université Laval

**Background:** Functional recovery is now a recognized treatment goal for schizophrenia. It is therefore important to better understand the cognitive and psychological factors that influence functioning and their interrelations. Among these factors, social cognition deficits and comorbid social anxiety are common in schizophrenia and have been separately linked to greater impairments in functioning. In a previous study, we observed that theory of mind (ToM) was the aspect of social cognition that showed the greatest association with functioning in recent-onset schizophrenia. Contrary to our expectations, patients with or without social anxiety showed similar ToM performance and similar levels of functioning as assessed with the Social and Occupational Functioning Scale (SOFAS). Since the SOFAS provides a single, global score, we aimed to refine our previous results by exploring the relationships with distinct areas of functioning rated with the Schizophrenia Objective Functioning Instrument (SOFI).

**Methods:** Fifty-six outpatients with recent-onset schizophrenia (mean illness duration = 21.2 months) had undergone a detailed interview and a functional assessment with the SOFI. The records from these interviews were used to rate the 4 SOFI subscales, including (1) living situation, (2) instrumental activities of daily living, (3) productive activities, and (4) social/recreational functioning. These ratings were compared between patients with (N = 27) or without (N = 29) a comorbid social anxiety disorder, and we also examined the link with ToM performance assessed with the Combined Stories Task.

**Results:** No group difference emerged between patients with or without social anxiety on the 4 SOFI subscales (all Ps >.30). As for the link with ToM, a significant correlation was observed with productive activities and role functioning (r = .31, P = .02). The other correlations did not reach significance (P values between .08 and .72).

**Conclusion:** Previous studies reported poorer functioning in schizophrenia patients who also present with social anxiety, and the failure to replicate these results triggers questions regarding the factors at play. Here, we show that it was not our global measure of functioning that prevented us from observing an effect in our initial study. Another possibility is that differences in functioning are more specifically observed in more chronic patients or that some measures of functioning are more sensitive to the negative self-perception often linked with social anxiety. As for the link with ToM, the significant association only with productive activities and role functioning suggests that certain types of social interactions may be particularly affected by ToM deficits. We recently observed that ToM is linked to facilitation of social interactions when performing a collaborative task with another person, which could be particularly important in a work context.

### SA122. PARTICIPANT SATISFACTION AND SUBJECTIVE EXPERIENCES IN A COMMUNITY-BASED COGNITIVE ENHANCEMENT THERAPY PROGRAM

Laura Faith*1, Jennifer Collins-Stiner1, Melissa Rempfer1, Elise Racette1, and Stephen Jarvis2
1University of Missouri, Kansas City; 2Truman Medical Center

**Background:** Cognitive Enhancement Therapy (CET) is an effective treatment to improve social cognition and neurocognition for individuals with schizophrenia (Hogarty & Flesher, 1999). CET is associated with improved employment (Eack et al., 2009), functional outcomes (Eack et al., 2011), and reducing negative symptoms (Eack et al., 2013). While CET is linked to these outcomes, research has not investigated client satisfaction and subjective experiences. Our proposed study hopes to address this gap in the literature and evaluate experiences and satisfaction in a diverse community medical center.

**Methods:** The current study utilizes participants (N = 17) engaging in CET. Participants completed a satisfaction survey and semi-structured interview to capture satisfaction and subjective experiences. Surveys consist of 13 questions stressing CET components such as satisfaction, coaching, and homework. Survey questions are on a Likert-type scale with 1 being “completely disagree” and 5 being “completely agree”. Semi-structured interviews consist of 8 open-ended questions exploring likes/dislikes, accomplishments, and areas of learning. Descriptive statistics of surveys were analyzed and thematic analysis was used to code transcribed interviews.

**Results:** Participants’ mean age was 42.24 (SD = 12.23). All participants were diagnosed with a schizophrenia spectrum disorder (N=17). Participants’ racial/ethnic backgrounds included Caucasian/white (n = 5), African American/black (n = 5), multiracial (n = 4), and Asian/Pacific Islander (n = 3). Results from surveys indicated that CET is worth their time (n = 17, 100%), satisfaction with CET classes is high (M = 4.06), and all CET participants feel comfortable talking with their CET coach (n = 17, 100%). Several themes from interviews emerged. Themes indicated that CET compared to other groups (1) is more difficult, (2) feels more educational, and (3) has more client participation and coach questioning. Interviews also suggested that participants find CET beneficial due to (1) treatment being interactive, (2) promotion of learning communication and social skills, (3) improved attention, and (4) individual coaching and feedback. More details about participant surveys and interviews will be reported.

**Conclusion:** The current study shows preliminary evidence that CET is a unique and satisfactory treatment. Previous research shows that client preferences affect satisfaction, completion, and clinical outcomes (Lindhiem et al., 2014). Thus, more research is needed to measure program satisfaction and experiences to improve outcomes.

### SA123. METACOGNITIVE TRAINING TO IMPROVE INSIGHT AND WORK OUTCOME IN SCHIZOPHRENIA

Patricia Wardwell*1, Tammy Petrik1, Laura Mathews1, Warren Thime1, Lawrence Haber1, Daniel Bracken2, and Jimmy Choi1
1The Institute of Living; 2Easter Seals Capital Region Eastern Connecticut

**Background:** Metacognitive capacity is the awareness and understanding of one’s own thought processes and how they influence behaviors (Lysaker et al., 2005). Deficits in metacognition in psychosis represent a significant barrier to benefiting from psychosocial treatments such as work therapy (Lysaker et al., 2010). Therapies that target features of metacognition, such as insight into cognitive biases or overconfidence in errors, seem to exert